ARTS EDUCATION ORGANIZATIONS AND SCHOOLS APPLICATION FORM-6

Applicants should read guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer required narrative questions, complete the appropriate budget forms, and the checklist on page 51.

Grant Program (Check one box ☐ QuickFund\$ Quick Project		cation Pro	iect		
Applicant Organization/School/Sch					
Authorizing Official/Contact Name &					
Street Address	- 11tic		P.O. Box	Υ	
City	State	Zip	County	1	
City_Phone DayF	Fax		E-mail		
Project Site or School					
Project Coordinator	Position				
Street Address	P.O. BoxStateZipCountyaxE-mail				
City	State	Zip	County_		
Phone DayI	Fax		E-mail		
Total Project Cost \$	Amount Req	uested \$			
Period of support requested	Start Date		End Date	2	
	(QuickFund\$ Proj	ects cannot begi	in until 3 weeks after d	leadline.)	
lacktriangleU.S. Congressional District l $lacktriangle$ or D		_	ive District		
	(See p	age 65.)			
Federal Tax ID Number	Offic	ial IRS Nam	ıe		
Is yours a nonprofit organization? \square yes Number of years doing business in Idaho	s (include IRS tax de 🗖 A _I	etermination le oplicant is ac	etter) \square no cting as a Fiscal A	Agent (see page 7)	
Write the title and a short summary o	of this project in	the space l	pelow. If applic	able, list project	partners.
	1 /	*	- 11		
If you have received a grant, did you subm	nit the required fi	nal report?	□ yes □ no		
Authorizing Signatures - I certify that the informatrue and correct to the best of my knowledge.					
Authorizing Official (person able to legal chair, president, department head, distric				Date	_
Applicant/Project Coordinator				Date	